

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 04/05/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/06/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	406	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		24	3	PROCEDURE CODE, PROCEDURE/MODI	1	411	704	293
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8632	1	SIX OCCURRENCES OF AMAO SERVIC				
				ES HAVE PROCESSED AND PAID, PA				
				IS REQUIRED FOR ADDITIONAL SER				
3404902	BLUE RIDGE COMM	21	625	DUPLICATE OF CLAIM-SYSTEM				
	UNITY							
		191	441	CLIENT ID NUMBER DOES NOT MATC	83	1662	1830	168
				H PATIENT NAME				
		8599	427	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8599	447	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	285	CLAIM DENIED DUE TO INSUFFICIE	100	1029	3698	2669
				NT BUDGET				
		8000	110	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404905	TREND COMM MENT	8599	270	DETAIL NOT COVERED BY COMBINAT				
	AL HLTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	10	CLIENT ID NUMBER MISSING OR IN	0	282	493	211
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		5404	1	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404907	RUTHERFORD-POLK	21	212	DUPLICATE OF CLAIM-SYSTEM				
		8931	92	AMTNC INELIGIBLE TO RECEIVE SE	92	374	682	308
				RVICES IN IPRS.				
		191	33	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	8505	7089	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	249	FURTHER PROCESSING NECESSARY,	6	7539	9123	1584
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	66	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404912	CATAWBA COUNTY ENTAL HEALT	8505	37	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	38	39	1
3404913	MECKLENBURG COM ENTAL HEALT	120	1183	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	1153	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1779	6769	24963	18194
		8935	889	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIOAL HEAL	8599	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	64	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	8	345	4702	4357
		191	54	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	8599	323	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	293	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	237	1325	4347	3022
		8935	122	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	1032	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	350	CLIENT NOT ELIGIBLE ON SERVICE DATE	41	1860	3527	1667
		8502	153	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3357	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	420	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	359	4812	6908	2096
		8599	373	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	7653	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	582	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	308	9879	12431	2552
		24	428	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404921	ORANGE PERSON C HATHAM AREA	8505	2915	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	1590	PRIOR AUTHORIZED DOLLARS EXCEE DED	127	6380	9738	3358
		21	612	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	21	160	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	160	237	77
3404923	VOFW AREA AUTHO RITY	8505	1146	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	335	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	1728	2847	1118
		11	167	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404924	PIEDMONT AREA M H/DD/SAS	8525	24	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		0	0		0	24	24	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	583	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	328	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	168	1626	4393	2767
		8599	275	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	10846	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	1322	CLIENT NOT ELIGIBLE ON SERVICE DATE	131	13737	17242	3505
		8599	913	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	1455	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1463	1507	44
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404929	LEE HARNETT MH/ DD/SAS	21	292	DUPLICATE OF CLAIM-SYSTEM				
		8599	145	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	697	1591	894
		8517	112	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404930	JOHNSTON COUNTY MNFL HLTHC	8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	1	DUPLICATE OF CLAIM-SYSTEM	1	22	873	851
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8505	7	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		23	1	SERVICE REQUIRES PRIOR APPROVA L	0	8	8	0
3404932	RANDOLPH/SANDHI LLS CO MR C	8505	586	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	120	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	92	1086	1825	739
		21	91	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	2328	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8000	177	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	82	2972	5683	2711
		8800	166	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow COUNTY B EHAVIORAL H	11	107	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	73	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	387	1713	1310
		21	70	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
3404936	WILSON-GREENE M ENTAL HEALT	8505	923	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		21	174	DUPLICATE OF CLAIM-SYSTEM	57	1224	2952
							1728
		8931	33	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404937	EDGEcombe NASH MNTL HLTH C	8505	710	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		21	341	DUPLICATE OF CLAIM-SYSTEM	50	1729	5080
							3351
		8599	255	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404938	RIVERSTONE MENT AL HEALTH C	8599	680	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		24	166	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	215	1676	4679
							3003
		120	139	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM			
3404939	NEUSE MENTAL HE ALTH CENTER	8326	535	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A			
		8505	80	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	687	740
							53
		8800	36	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404941	PITT CO MH/DD/S AS CENTER	8599	368	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		120	337	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	189	1474	5497
							4023
		143	143	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE			
3404942	ROANOKE CHOWANN UMAN SERVIC	8505	312	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8599	142	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	32	678	2194
							1516
		10	89	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR			

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	11	538	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	169	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	96	998	3551	2485
		8931	57	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404944	EASTPOINTE HUMAN SERVICES	8505	2063	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	227	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	242	3058	6538	3463
		21	163	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREA MENTAL HEALTH	8544	1332	CLAIM DENIED DUE TO INVALID FROM DATE OF SERVICE				
		21	894	DUPLICATE OF CLAIM-SYSTEM	213	2942	6953	4011
		143	214	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404957	TIDELAND MENTAL HEALTH CTR	8505	782	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	54	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	80	953	1399	446
		8931	31	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404959	DAVIDSON COMMUNITY MENTAL HEALTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	8505	6879	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	1235	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	30	8501	9031	530
		11	242	CLIENT NOT ELIGIBLE ON SERVICE DATE				